

TALK ON GONOCOCCAL CONJUNCTIVITIS

bulbi in a small child, the socket will shrink, and a glass eye cannot be inserted. Moreover, the face does not grow normally, and that side of the face differs from the other, and the child is lop-sided. So be cautious about removing a child's eye if it can be avoided.

SPECIMENS DEMONSTRATED AFTER THE ADDRESS IN THE PATHOLOGICAL LABORATORY OF THE ROYAL WEST- MINSTER OPHTHALMIC HOSPITAL

(i.) Section of a normal eye. Incidentally this eye contains a well-marked sarcome of the choroid in one corner but the rest of the eye is perfectly healthy.

(ii.) Phthisis bulbi after gonococcal conjunctivitis.

(a) museum specimen of half the eye in formalin.

(b) Celloidin block containing the other half of the eye prior to microscopic section.

(c) microscopic section of the eye.

(iii.) Staphyloma of the eye. Gonococcal conjunctivitis. This leads to corneal ulcer. The floor of the ulcer bulges under the influence of the normal intra-ocular pressure. The eye may get so big that the lids cannot shut over it. The conjunctiva may get corneified and even grow a horn. Three bottle specimens and two slides demonstrate these changes.

(iv.) Gonococcal conjunctivitis has led to a hypopyon ulcer of the cornea. The slide shows this ulcer.

(v.) The same thing only more advanced causing hernia of the iris and lens.

(vi.) Slides showing (i.) gonococci from a child's eye.

(ii.) streptococci from another eye

(iii.) Bacillus of Morax and Axenfeld. A big bacillus which causes angular conjunctivitis.